			\mathcal{L}_{-}	Suchas
FOR INSTRUCTIONS, SEE BACK OF FORM	Reset R	orm	FORM	
DISCLOSURE SUMMARY PA COMMITTEE NAME (Must be same as on Statement of Organiz			DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
SOMMITTEE MAINE (Musicipe Same as on Statement of Organiz	tation)			
Witt for Auditor Committee		1 1	For Office Use Or Comm. #	^{nly} 17085
MPORTANT: Indicate by # type of committee you are reporting for	or: 5	-	Logged In	
(1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Car	ndidate (7)School Board or Other	,	Scanned	
Political Subdivision Candidate (8)County PAC (9)City PAC (Subdivision PAC (11) Local Ballot Issue (S. C.	10)School Board or Other Political		Computer	IM
CANDIDATE COMMITTEES ONLY OF OSURE		 ,	Audited <u>AM</u>	
Candidate Name	Political Party (if applicable)		File with:	
Cindy Witt JAN 1 9 2007 Office Sought	Democrat	.	lowa Ethics and	
Office Sought PM 1.15.07	District (if Senate or House)		Disclosure Boar 510 E. 12 th , Ste.	
County Auditor			Des Moines, lov	va 50319
ate reports are subject to possible civil and criminal penalties. Pu	rsuant to Iowa Code section 68B.3	2A(7)	Fax: 515-281-37	701
ne candidate, for a candidate's committee, and the chairperson, fo ndividual responsible for filing timely and accurate reports.	or any other type of committee, is t	he		
	710 007 / 6		. 1	J
IGNATURE OF PERSON FILING REPORT	319-827-60 TELEPHONE	291	DATE S	
AM FILING A January 19, 2007	REPORT FOR (1) ELECTION //	2)NON-FI	ECTION YEAR	
AM FILING A January 19, 2007 (report date)	REPORT FOR (1) ELECTION /(ECTION YEAR.	
(report date)	REPORT FOR (1) ELECTION /(# 2		
Williamon		# 2	ECTION YEAR.	ate of Election
(report date) CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dis	Indicate by	# 2 Local Co	mmittees, enter D	
(report date) CHECK IF AMENDMENT TO REPORT DATED	Indicate by	# 2 Local Co	mmittees, enter D Local Committee	
(report date) CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dis	Indicate by	# 2 Local Co	mmittees, enter D Local Committee	
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**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

____ YES ____ NO

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

For Instructions, See Back of Form

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
Witt for Auditor Committee	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/1/06	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704		\$.44	INCOME
9/1/06	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704	1.	.43	
10/1/06	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704		.42	
11/1/06	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704		.43	
12/1/06	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704		.42	
	ID# CK#				
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· · · · · · · · · · · · · · · · · · ·	ID#				
	CK#				L
			SUB-TOTAL	\$	
		TOTAL (if last pa	ge of this schedule)	\$ 2.14	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

ETHICS & CAMPAIGN DISCLOSURE BOARD.		AWENDING FORW
COMMITTEE NAME (Must be same as on	Statement of Organization)	
Witt for Auditor Committee		

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
	CK#			\$
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			-1.
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		1
Page		of	